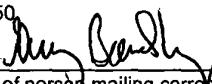


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Certificate of Mailing	
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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	00786/423002
Applicant	Gary Ruvkun et al.
Title	POLYNUCLEOTIDE AND POLYPEPTIDE FAT METABOLISM REGULATORS AND USES THEREOF

PRIORITY INFORMATION:

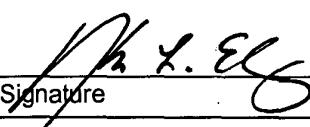
This application claims the benefit of the filing date of United States provisional patent application 60/395,159, filed July 11, 2002.

SMALL ENTITY STATUS:

Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	137 pages
Claims	6 pages
Abstract	1 page
Drawings	26 sheets
Combined Declaration and Power of Attorney, which is:	2 pages
<input checked="" type="checkbox"/> Unsigned;	
<input type="checkbox"/> Newly signed for this application;	
<input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	2 pages
Sequence Listing on Paper	22 pages
Sequence Listing on Diskette	1 disk
Preliminary Amendment	[**] pages
Information Disclosure Statement	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages

English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
A Small Entity Statement	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: 29 - 20 x \$9	\$81.00
Excess Independent Claims Fee: 22 - 3 x \$42	\$798.00
Multiple Dependent Claims Fee: \$280/\$140	\$****
Total Fees:	\$1,254.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,254.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
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